

Transgender & Racialized Student Experiences with Campus Wellness at the University of Waterloo

ABSTRACT

Ongoing formal and informal study has raised many concerns about Campus Wellness failing to meet the needs of trans and racialized students. WUSA commissioned a survey of these experiences and shared recommendations with Campus Wellness. This report provides a brief overview of the progress made, next steps, and barriers that hinder implementation. Overall, Campus Wellness has been making good strides, and WUSA will continue to support them in their work to increase inclusion and equity within their services.

WATERLOO UNDERGRADUATE



STUDENT ASSOCIATION

Follow-up Report

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INTRODUCTION

Ongoing formal and informal consultations have raised many concerns about Campus Wellness failing to meet the needs of transgender, gender-diverse, and racialized students. To address this, WUSA commissioned a survey of these experiences over the 2019-2020 academic year and shared recommendations with Campus Wellness. This memo discusses survey results and subsequent conversations with Campus Wellness management and administration. In addition, this memo provides a brief overview of the progress made, next steps, and barriers that hinder implementation. Overall, Campus Wellness has been making good strides, and WUSA will continue to support them in their work to increase inclusion and equity within their services.

BACKGROUND

Transgender, gender-diverse, and racialized people experience barriers to appropriate healthcare that promotes their mental and physical wellbeing. As WUSA aims to serve, empower, and represent all undergraduate students, these issues are of great importance, and WUSA is committed to advocating for progressive change to better meet students’ needs. Over the course of the 2019-2020 academic year, WUSA conducted the *Trans and Racialized Student Healthcare Experiences on Campus* survey. (Due to the sensitive and potentially-identifying nature of the responses, the June 2020 report following from the survey is available only internally.) WUSA and its associated services, namely Glow and RAISE, have continued to receive [incident reports](#) in an ongoing manner.

The data collection phase for the Report was conducted prior to the COVID-19 pandemic, and respondents mentioned experiences that may have occurred well before the survey completion date. In addition to the research commissioned by WUSA, the University of Waterloo has committed itself to taking action on anti-racism through the President’s

Anti-Racism Taskforce (PART). At the moment, WUSA does not have access to the data compiled by PART on racialized mental and physical health experiences. We hope to collaborate with them as we move forward towards more equitable healthcare experiences for our University of Waterloo community.

Amid the current pandemic, [telehealth options](#) have made some aspects of seeking healthcare [more accessible](#); however, the state of healthcare in Ontario is best described as barely treading water. Many surgeries and other procedures requiring in-person interaction have been [rescheduled](#) or [indefinitely postponed](#), creating a [significant backlog](#) to be addressed when those procedures can again take place. The mental toll of an ongoing pandemic that has [taken many lives](#), contributed to [new chronic illnesses](#), and [isolated people from in-person supports](#) is not yet fully understood. As a result of necessary closures, [many students are not physically located on or near campus](#) and [may not be making use of UW Campus Wellness services nor services local to the Kitchener-Waterloo community](#).

CONCERNS & IDENTIFIED THEMES

The survey has some methodological issues, including its potential for flattening the often quite different concerns of (white) transgender people and (cisgender) racialized people, without making room for the intersectional experiences of oppression faced by racialized trans people. As a result, these themes are not necessarily comprehensive regarding the experiences of trans and racialized people; however, they should provide a good starting point for engagement when taken together.

Themes can be sorted into the following categories for action:

Hiring and employment: “contractor” status, internal v. targeted hires, local constraints

Access to care: slow referrals, long waitlists, lack of diverse practitioners, lack of specialized care

Administrative barriers: difficulty booking, limited appointment availability, insufficient follow-up, deadnaming and misgendering

Attitudes and distrust: stigma and suspicion of students, irrelevant questions, sensitivity to life experiences, questioning diagnoses, infrequency of interactions, dismissive approach

Ignorance of appropriate care: clinician ignorance of care pathways, students made to educate, improper terminology, mismatch between supportive language and material support

Obviously, many of these themes are linked; for example, appropriate training could help to resolve both inappropriate/irrelevant questions and placing the onus for education upon students. Some themes (e.g., deadnaming and misgendering) are specific to trans experiences. Other themes also apply beyond the identities surveyed here; for example, an experience commonly called “[trans broken arm syndrome](#),” where clinicians consider a patient’s presenting concern such as a broken arm, as due to their transness or trans-related care, is also known in literature to apply similarly in [anti-fat bias](#). The intersections of gender and race have well-documented impacts on how patients are treated.

The scope of this report will be limited to practical steps in the UW context, as addressing pervasive bias in healthcare training is well beyond the scope of any university governance.

HIRING AND EMPLOYMENT

Hiring and employment: “contractor” status, internal v. targeted hires, local constraints

“Contractor” nature of practitioners

OHIP and UHIP/Studentcare, not the University of Waterloo, pays medical practitioners on the basis of appointments. Since Campus Wellness cannot hire primary care physicians directly, anyone who wishes to practice at UW must also have *another* part-time practice. While this enables Campus Wellness to hire a greater range of practitioners, each practitioner’s availability is limited. Also, as Campus Wellness is not their direct employer, it is difficult to require practitioners to take particular training – while many do express interest in these concerns, they are not compensated for that additional professional development. Still, upper levels of administration strongly support these equity-focused trainings and promote them within their departments to the best of their ability. WUSA continues to coordinate with various entities on campus to improve successive offerings of these trainings.

Counselling Services directly employs its counsellors, and thus has the ability to mandate trainings; however, its allocated “professional development dollars” are used for individual education on various therapeutic orientations rather than cultural sensitivity or equity-focused education. The onus for preparing training for Counselling Services has so far fallen upon the two existing targeted hires for trans student support and Black student support.

Difficulties with targeted hiring

The Human Resources department of the University of Waterloo defaults to a policy that prioritizes “internal hires,” people already employed by the University of Waterloo. In order to conduct

targeted hires aimed at people of specific embodied or lived experiences and expertise, special permission must be acquired, which can be a slow bureaucratic process. Campus Wellness has succeeded in performing some targeted hires and intends to do more; however, WUSA will be investigating how this process may be changed so staff and hiring pools better reflect diversity on campus. Progress on this front can be expected to be slow, though. We have already recommended that job postings for targeted hires be sent within research and practice groups of the target population, rather than posted only on the UW internal site.

Geography and density

The highest concentration of specialists in Ontario is in Toronto. Toronto has roughly thirty hospitals, many of which collaborate with [universities](#) and [dedicated research centres](#), as opposed to the Waterloo Region’s three ([Grand River](#), [St. Mary’s](#), and [Cambridge Memorial](#)). It is difficult for a practitioner to commute multiple cities away for half of their job. Thus, Campus Wellness has reported difficulties with both recruiting specialized practitioners and providing referrals to (often nonexistent) local practitioners outside the University. Counsellors are often recent graduates of local Master of Social Work programs or have local independent practices; consequently, practitioners skew white and less experienced.

ACCESS TO CARE

Access to care: slow referrals, long waitlists, lack of diverse practitioners, lack of specialized care

Access to care is the thematic grouping with the greatest influence outside Campus Wellness and WUSA's capabilities to effect change.

Slow referrals

Referrals to specialized healthcare are currently slow and can require different degrees of diagnosis for different doctors, depending on their comfort and familiarity with the particular presenting concern. As discussed earlier, the pandemic has presented additional barriers to timely specialist care; however, the availability of telehealth options now allows patients to see practitioners who may otherwise be difficult to travel to.

Surgeries, including gender-affirming surgeries, are now subject to even longer waitlists due to pandemic-related shortages of operating spaces. In addition, there remains only one endocrinologist within the Kitchener-Waterloo area who is specialized in hormone replacement therapy (HRT) for trans people – waitlists after referrals to a local provider will likely be longer. (One of the two endocrinologists who provided HRT recently moved her practice to Hamilton; the next closest HRT provider is at [ARCH Guelph](#).)

Long waitlists, high costs

Lengthy wait times were primarily reported as an issue regarding access to Counselling Services. The inconsistently communicated limit of six sessions per year is in many cases hardly enough to make sustainable progress on issues contributing to mental distress. Accelerated single sessions obviously experience the same problems. (This concern was also highlighted in the [May 2021 Accessibility Report](#).) The significant wait and limited session availability make the University of Waterloo's on-campus counselling services unfit for complex concerns.

The clarification received by WUSA from Counselling Services is as follows: intake assesses whether a student's needs might be best fit by an immediate crisis appointment, a single session, a brief therapy (six session) model, or support coordination with other branches of Campus Wellness, University services, and support in the greater KW community. Those who are deemed by the intake process to need more than a single session are told of the six-session limit "and that most students' needs are met and addressed within 6 sessions." Among those offered the six-session model, most students are seen for fewer than four sessions – it remains unclear whether this is due to their needs being met or dissatisfaction with the services rendered. The goals of the six sessions of brief therapy are determined so as to be achievable within a short time frame: their focus emphasizes "addressing immediate needs while students wait to access other services." Students who, at the end of six sessions, are deemed to require further support, may be seen for further sessions with the same counsellor, referred out to counsellors in the community, or to diagnosis or specialized care.

There exist some alternatives in the community for students who would benefit from more than six sessions, though these are not necessarily specialized for post-secondary student populations and present additional trade-offs. Costs for private counselling [generally range from \\$90-\\$150 per hourlong session](#), and many practitioners at Counselling Services also have their own private practices. [KW Counselling](#) and [Carizon](#) offer sliding-scale options, which, for students, can be as low as \$5 or free per hour session. The [Sexual Assault Support Centre of Waterloo Region](#) has [free](#) and [immediate supports](#), but counselling does involve wait times. Some [Canadian Mental Health Association of Waterloo-Wellington](#) services are free or low-cost that range from six to twenty weeks, but also involve long waitlists. [The Rapid Access Addiction Medicine clinic \(RAAM\)](#) does in fact provide near-immediate service, but only within

the scope of substance use. Muslim Social Services Waterloo Region offers [services in many languages](#) and on a [sliding scale basis](#), but has only two counsellors who are available only during working week hours. [The Delton Glebe Counselling Centre](#), which offers more racialized counsellors, is not sliding scale but priced based on practitioner expertise and registration with professional colleges. The on-campus (but not student-aimed) [Centre for Mental Health Research and Treatment](#) also shares this pricing structure.

[MATES](#) exists to provide confidential peer support, though specifies they deal only with “low-level mental health and wellness difficulties.” The newer phone- and app-based service [Empower Me offered by Studentcare](#) provides non-crisis counselling by phone or video, with the potential to cover some of the demand for Counselling Services. Both [Good2Talk](#) and [Here 24/7](#) provide referrals or connections to some of the aforementioned services.

Those who identify students in crisis are officially advised to call Campus Police or Waterloo Region Police Services. (The [More Feet on the Ground](#) and [QPR training](#) – both offered by the University of Waterloo – also recommend this in the case of any student who will not agree to walk with the intervening person to Counselling Services.) Certain healthcare practitioners are also required to report active suicidality to police. The inherent escalation in calling police carries genuine risk for violence and further victimization of someone already in a vulnerable position, especially if that person is racialized. Prior to the pandemic, members of the Campus Response Team were being trained with the intention of responding to students in crisis instead of police; however, this has not been finalized or implemented yet, so no details are available. As it stands, crisis care is functionally triaged by police services and Grand River Hospital’s emergency department.

Lack of diverse practitioners

According to Campus Wellness’ internal estimates, roughly 25-30% of practitioners at Health Services and at Counselling Services identify as racialized. Among independent contractors with Health Services (i.e., doctors and nurse practitioners), closer to 50% are racialized. Campus Wellness intends to increase awareness of the diversity their practitioners already embody through providing profiles and images. As mentioned already, WUSA will continue to advocate for more – and more effective – targeted hires and diversity-aware hiring practices.

SPECIALIZED HEALTHCARE

Health Services continues to provide primary care and family physician services; it is unfeasible for a university healthcare setting to employ specialists. Some of the doctors within Health Services are willing to maintain someone already on hormone replacement therapy but not provide the initial prescription. There is a small team of doctors and nurses at Health Services who have specialized in providing trans health care.

Campus Wellness is also working on developing a centralized webpage for Indigenous Health on campus and in the surrounding community as part of the ongoing Indigenization strategy. At time of writing, Counselling Services is in the hiring and recruitment process for a full-time [Counsellor for Indigenous Student Support](#).

SPECIALIZED COUNSELLING

Counselling Services primarily employs counsellors who practice structured, time-limited interventions, especially Acceptance and Commitment Therapy, Cognitive Behavioural Therapy, Emotion-Focused Therapy, and Solution-Focused Brief Therapy. All counsellors are required to be trained in single-session therapy. There are few counsellors who take more complex orientations or specializations (e.g., culturally sensitive, trauma-focused,

Dialectical Behaviour Therapy). At this time, Counselling Services serves as support for “mild” cases, and is a connection to other supports outside itself for students in need of more complex or longer-term care.

Counselling Services has conducted two targeted hires to better serve trans and racialized students. Counselling Services now employs a white nonbinary person who can make referrals for HRT and transition-related surgeries, formerly a lead at KW Counselling’s [OK2BME](#) program. It also employs a Black woman in the newly-established role of Counsellor for Black Student Support, who has significant experience in cultural sensitivity, anti-oppressive practices, and support for African, Caribbean, Black & people of colour. Both these roles involve providing ongoing awareness and sensitivity training regarding trans and racialized experiences at Counselling Services.

The [UW Chaplains](#) nominally represent eleven faith traditions in providing spiritual counsel (not mental health counselling). However, the [Muslim Chaplaincy of Waterloo is no longer ongoing](#), leaving one Jewish chaplain, one ostensibly nonreligious chaplain, and seven chaplains of various Christian traditions. There is a lack of religious diversity in the Chaplains system that is not reflective of the University of Waterloo student population.

ADMINISTRATIVE BARRIERS

Administrative barriers: difficulty booking, limited appointment availability, insufficient follow-up, deadnaming and misgendering

Difficulty booking, limited appointment availability, follow-up

Booking remains accessible through the phone line and only during the hours Campus Wellness is

open. Students do need to disclose a specific concern for an appointment; however, if that concern is specifically trans-related, students can now be referred to someone with specific competencies in trans healthcare. Similarly, students seeking counselling can request counsellors with specific competencies or specializations. Any such disclosures are kept confidential within the Campus Wellness electronic health records system.

As mentioned previously, most practitioners at Campus Wellness, including doctors at Health Services, are classified as independent contractors. As such, they maintain their own practices outside of the University of Waterloo. Though this restricts the availability of particular practitioners, it also broadens the set of available practitioners so students can find a better fit.

The lack of follow-up with students who have attempted to book appointments and are left on waitlists is something WUSA will continue to work to ameliorate. We recognize that current resources are limited, and that root problem must be addressed to improve the system as a whole.

Microaggressions

Deadnaming and misgendering are the [most commonly reported microaggressions](#) faced by transgender and gender-diverse students accessing healthcare. *Deadnaming* is the act of referring to someone with a name that is not or no longer their current, preferred name. *Misgendering* is referring to someone with gendered words (often pronouns or other gendered vocabulary) that conflicts with their gender or correct pronouns. Someone’s legal name or gender does not have to be updated for an act to be considered deadnaming or misgendering, be transphobic, or cause discomfort, distress, or harm. The survey brought to light many serious instances of deadnaming, misgendering, and other transphobic conduct – regardless of intention, their impact leads trans and

gender-diverse people to feel [uncomfortable and unsafe](#) at Campus Wellness and [delay or not access care to meet their needs at a rate far exceeding that of cisgender counterparts](#).

Administrative improvements

Campus Wellness has somewhat recently switched their health records system; the new system prominently displays a preferred name. There is no longer any requirement to update your name in the University of Waterloo system or legally to have your preferred name used. Campus Wellness policy is now to confirm the student's preferred name at each interaction; while this may be inconsistently applied, the process of updating or correcting your name should be somewhat easier. Change of name services continue to be offered through the [Commissioner of Oaths located in Needles Hall](#), who can assist in name and gender changes at the University of Waterloo along with the Government of Ontario processes.

Counselling Services' intake form provides an open field for self-identification in terms of gender, and Health Services nurses and physicians are instructed to not assume gender based on past chart information or appearance. These changes should decrease factors that lead to microaggressions; however, we continue to advise that practitioners listen and be receptive to individual preferences.

ATTITUDES AND DISTRUST

Attitudes and distrust: stigma and suspicion of students, irrelevant questions, sensitivity to life experiences, questioning diagnoses, infrequency of interactions, dismissive approach

Microaggressions

Racialized students reported significant microaggressions in the initial survey. University of

Waterloo students faced irrelevant questions about their culture or had their symptoms disregarded as over-exaggerations. These factors [greatly impact future decisions](#) to access care. The conduct of clinicians in intake and diagnostic roles is especially important, as they may be considered the arbiters of whether a student's concerns warrant further care. The initial stages of seeking help are where students are [most likely to stop seeking further care](#), and racialized students on [other university campuses frequently experience greater mental distress with less access to support for these reasons](#). Especially for [Indigenous students](#), [access to culturally competent](#), non-stigmatizing, and [explicitly anti-racist](#) care is of great importance, as is [greater representation of racialized people](#) among healthcare practitioners and organizational leadership. An increase in hiring of racialized counsellors is an important first step towards this.

Awareness and allyship training

Due to the contract nature of practitioners with Campus Wellness, mandated trainings are not automatically conducted through Human Resources. Counselling Services is moving towards making existing Human Resources, Equity and Inclusion trainings mandatory, though they are no substitute for substantive and ongoing anti-racist work.

In the wake of the heavily publicized outcry against police brutality, Campus Wellness as a whole engaged in a day-long workshop on clinical practice implications of "The Enduring, Invisible, and Ubiquitous Centrality of Whiteness." The Counsellor for Black Student Support continues to lead sensitivity training sessions within Counselling Services, and practitioners are engaging in ongoing reading groups. The new trans hire has led trans-specific sensitivity training for members of Counselling Services. Members of the Equity Office will be reaching out to support these roles in their crucial work, while ensuring they can retain their capacities for also-important counselling work. The

University of Waterloo offers [LGBTQ+ Making Spaces](#) as an ally training program and ongoing advocacy mentorship group for all members of the University community. The ongoing work of PART and the Counsellor for Black Student Support seek to integrate anti-racist lenses more fully into the practices of all staff across Campus Wellness.

IGNORANCE OF APPROPRIATE CARE

Ignorance of appropriate care: clinician ignorance of care pathways, students made to educate, improper terminology, mismatch between supportive language and material support

Clinician ignorance

Gender-affirming trans healthcare was rare in Ontario prior to about [2014](#), when non-cis gender modalities (“gender identity or expression”) became protected characteristics by the [Ontario Human Rights Code](#). [Bill C-16](#), introduced in 2015, added “gender identity or expression” to the Canadian Human Rights Act (and Criminal Code) in 2017. Funding for [transition-related care through OHIP](#) was only updated in [March 2016](#). Trans-related care has only been a relevant area for concern for non-specialists in Ontario [for about five years](#), and medical curricula still [do not include trans health as core learning](#). In short, clinicians generally lack knowledge or awareness about trans health.

Health Services has engaged with trainings through [Rainbow Health Ontario](#) regarding supporting transition-specific healthcare and trans-competent primary care, and many physicians participated in the [2018 Transgender Health and Wellness Conference](#). There now exists a team of practitioners, including nursing staff, focusing on trans-specific healthcare within Health Services.

Two counsellors now at Counselling Services are credentialed and able to sign secondary referrals for transition-related surgeries that require a

second referral (e.g., bottom surgery); all other counsellors are now trained to provide primary referral for HRT and gender-affirming services as well as trans-competent care in their own practices.

President’s Anti-Racism Taskforce (PART)

PART hosts a [working group](#) focused on addressing racialized students, staff, and faculty’s experiences with Campus Wellness. WUSA will continue to engage with PART as a whole regarding their healthcare strategies but has no updates we can share at this time.

NEXT STEPS

Summary of recommendations

This document includes many embedded recommendations; they are summarized here for clarity, accountability, and ease of access.

EARLY STAGES

- Advocate for easier processes to request and undertake targeted hiring.
- Improve consideration for diversity within Human Resources.
- Support capacity and retention of targeted hires and other marginalized people in Campus Wellness.
- Receive and implement recommendations from PART.

IN-PROGRESS AND ONGOING

- Increase number of practitioners capable of providing trans-specific care within Campus Wellness.
- Improve student awareness of off-campus community resources.
- Develop and revise trainings regarding trans, gender-diverse, and racialized students.
- Advocate for improved anti-racist and trans-competent training as part of continuing education and professional development.
- Coordinate alternatives to police involvement for students expressing active suicidality or in other crisis situations.
- Increase timely availability of healthcare practitioners.
- Communicate updates to student body, particularly those with negative past experiences.

COMPLETE

- Increase number of practitioners able and willing to provide referrals for trans-specific care.
- Improve feedback processes and knowledge sharing from trans and racialized students.

- Improve update processes for name and gender.

Plans for Progress

The 2021-2022 Annual Plan continues to include improvement to Campus Wellness services among its primary goals, with special focus on equity. This includes immediate steps, such discussions with Campus Wellness, as well as other actions that will leave WUSA well-placed to continue advocacy on this front.

This report will hopefully give council a firm understanding of the experiences of trans and racialized students, the problem space, its players, and various points wherein WUSA can and should be intervening.

As this year continues, we will be developing a more formalized advocacy strategy to be codified in our policy library and connecting with institutional “allies” who can help promote/facilitate action on this front, including the Equity Office and the Services.

Furthermore, we will work with our provincial advocacy partner, OUSA, to highlight provincial-level concerns and structural barriers that go beyond our institution.

Ongoing feedback

Glow, RAISE, and the Women’s Centre each administer Incident Reporting Forms through which students can provide information of incidents that made them feel troubled, uncomfortable, or unsafe. These forms are anonymous and in no way require you to take further action nor restrict you from doing so.

Each term, Glow, RAISE, and the Women’s Centre will each provide reports to WUSA via the AVP Equity outlining the number of responses received, key concerns across them, and any recommendations for action. The Equity Office will also begin providing WUSA with anonymized

thematic groupings each term regarding the concerns students bring to their office. WUSA remains in close contact with student groups to ensure everyone's needs are met and concerns are addressed in a timely manner.

Counselling Services receives student feedback about negative incidents primarily by phone to their interim director, Cheri Bilitz, who passes along information to the supervisor of the counsellor in question and provides students with the option to change counsellors. There is no record-keeping associated with this process; thus, we recommend it only in addition to Incident Reporting Forms.

Serious complaints about the ethical conduct of healthcare practitioners in Ontario may be submitted [through their respective professional organizations](#). WUSA has no jurisdiction over these proceedings and has no access to information about these complaints unless it is made public. (The relevant information for filing complaints can be found at the following links for [doctors](#), [nurses](#), [psychologists](#), [psychotherapists](#), and [social workers](#).)

Advocacy and relationship-building

The Annual Plan continues to include improvement to Campus Wellness services as primary goals, with special focus on equity. WUSA, alongside the Services and the Equity Office, is in continual contact with leaders at Campus Wellness to implement the changes discussed here.